

State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY

☐ ADDITIONAL PAGES

TROOP / UNIT: F		OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
DATE: 06/14/04	TIME: 1558 hrs.	INVESTIGATING TROOPER / OFFICER: TPR. Keith Graham #735	DPS CASE NUMBER: DPS-04-029541
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): RT. 9 Northbound North of Exit 7 in Chester (near the Haddam Town Line)			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input type="checkbox"/> ARREST MADE <input checked="" type="checkbox"/> UNDER INVESTIGATION On the above date and time a motor vehicle was operating in this area and had its passenger side rear window shattered after the window was struck by an unknown object. A search of the area yielded negative results. It is believed that something came from a densely wooded area beyond the right shoulder of the roadway. There were no injuries. Anyone with information regarding this incident is asked to contact Troop F in Westbrook.			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
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SUPERVISOR'S APPROVAL REQUIRED: INITIALS: WAK ID #: 223 DATE: 06/14/04			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301			